What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

Vol. 2, No. 14, April 2002 Navrongo Health Research Centre

DANCING TO CHPS TUNE

What works?… recently conducted an enlightening interview with Dr. Sam Adjei, Deputy Director General of the Ghana Health Service and former Director of the Health Research Unit.

WW: You haven't been to Navrongo for a long while!

Dr. Sam Adjei (SA): Oh no, it's not a long time. I love research. I was actively in charge of research. The Ministry is not yet fully set up and I have to do many of the things myself. I have to back the Minister up with a lot of work and policy decisions. This does not leave me with sufficient time to visit the field. When you become administrator you run the risk of losing touch with the people.

WW: We have developed the "What works? What fails? newsletter to disseminate findings of the CHFP, which fed the CHPS initiative. We are interested in opinions of people who played roles in the CHFP or were directly concerned with CHPS. What's the main challenge in implementing CHPS?

SA: The main issue is with translating research findings into policy and programmes for implementation. We have to continue to disseminate the findings that came out of Navrongo, which is different from CHPS, because CHPS is not necessarily a carbon copy of CHFP. Other things come in but they are building blocks of issues that came out of Navrongo. There are clear, systematic steps. The problem I have is with people not wanting to follow the steps. I have been in the system long enough to know how to move from research findings to policy to programmes and then to implementation.

Is the Ghana Health Service dancing to CHPS tune?

WW: What are people supposed to do with CHPS?

SA: Sometime in 2000, we wrote the policy framework for CHPS and a draft was prepared and circulated. Unfortunately people did not respond to the draft policy. What is happening now is that donors are taking bits and pieces.

WW: Why is it so?

SA: Well, for a long time there was no central leadership direction for the programme. There was a lot of political enthusiasm but that was not getting translated into the package of programmes needed to move forward. We met in Kumasi with teams from the regions to look at an action plan. The regional directors of health services came at the tail end to discuss with their teams so that we can have a common understanding of the way to go.

WW: Remember the concept of the lead districts?

SA: Yes of course. I kept reminding them that even in Navrongo we started off with two or three villages so the idea was to pilot with two districts in each region to get an idea of how to interpret the research findings within the policy framework on the ground.

WW: What type of problems did the "lead districts" unveil?

SA: Staffing problems were the first to come out. Some programme policy issues also came up. Nkwanta, for example, wanted to allow Community Health Officers to insert IUDs. That is against policy. What is the most appropriate package of logistics for service delivery; who pays for the drugs at the community level? These were issues coming out of implementation which needed to be tested out in the two lead districts.

WW: Were the lead districts being closely monitored?

SA: This was the main reason for instituting the coordinating meetings at Headquarters. The idea was to make programme heads and development partners who support the CHPS initiative meet on a monthly basis for discussions. For that purpose I have produced a summary framework of what the programme components are; what the activities are as well as mapping out responsibilities for the various divisions. As the Deputy Director General I took it upon myself to coordinate these activities. We defined the components of the programme, the service delivery package was coming in, the monitoring and evaluation element, logistics and human resources element was also coming in and so on.

WW: The programme seemed to have been well rolled out, what went wrong?

SA: To be frank with you, some of the project heads and directors did not grasp the programme, others were also complaining that they were not involved. I was surprised because we were at Kumasi where all these were streamlined so I expected that they should be coordinating the implementation process. I even encouraged the donors to go straight to the regions and the regional directors should take them on board. Others misunderstood this, claiming the administrative hierarchy was being bypassed.

WW: The lead districts concept is causing anxiety now.

SA: The issue is that the Regional Directors are not enthusiastic about the concept of the lead districts but the idea of the 2x2x2 was to have an area where you intensively look at issues before going to scale. If the idea of the lead district is not working we all need to sit together again to review it. The bottom line is that to implement CHPS the way we want it requires a lot of money, much more money than people realise.

WW: Where is the money to come from?

SA: That is the crux of the matter. The Ministry certainly does not have all the funds needed. Communities would have to make a contribution before we beef that up with external funding.

WW: Is the country really interested in CHPS?

SA: Of course we are interested in CHPS and we are looking for ways to get around the problem of funding. Sometimes I really wish we had not used the name CHPS. It creates the impression that it is some vertical specialized structure but CHPS is just a strategy for reaching communities in terms of health service delivery. There are two things that I have done. One, community-based service delivery has become the central theme in our new five-year programme of work. The second thing that I have done is to make it also central to the Ghana Poverty Reduction Strategy (GPRS) so that if HIPC money is made available to us that is where it is going to go. I have produced a document, which maps out a service delivery package, logistics, infrastructure development, financing of services, role of private sector, civil society, and community political leadership.

Dr. Adjei counting the cost of CHPS implementation

WW: Are the GPRS strategies and yours similar?

SA: Oh yes, they are and we have made a lot of input into them. GPRS is earmarking four regions: Upper-East, Upper-West, Northern Region, and the Central region. We have suggested and it has been accepted that deprived districts outside these regions should be included whilst the more endowed districts in these regions should be taken out. So we now have about 65 deprived districts to work with.

WW: What crosses your mind about facilitating CHPS implementation?

SA: Improving radio communication; expanding the training institutions to be able to train more nurses for CHPS. We have to change the whole strategy for training—we have to look at taking people from the community, the sub-district or the district to be trained and come back and serve their communities. We have to redesign the school to make it a modular system so the students go to school for three months and come back to the communities and serve for another three months to get a fair idea of what is on the ground. I am going to discuss the strategy paper with the regional directors and exhaust the contents for implementation.

WW: What can Navrongo do for CHPS?

SA: Most of the donors who say they are providing technical support have not seen a village or compound before! I will be very happy if Navrongo can continue to do operational research. Mr. Asobayire or Master as we use to call him, is no more, but there are others like Rofina Asuru who have practical experience. They can constitute themselves into a team that can be used for monitoring and also for providing technical support. So that if the monitoring system picks up some trouble spots they can go and assist people to overcome them. Navrongo can also experiment with Community Health Nurses inserting IUD or Norplant. Findings from an experiment like that can inform the CHPS implementation process. If Navrongo can do all these, I'll be glad.

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation.